

Medication	Dosage	Time

Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

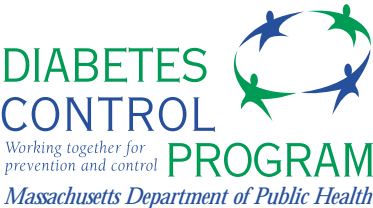
**I HAVE DIABETES. If I am acting strangely or cannot be awakened, my blood sugar may be low.**

- If I cannot be awakened or cannot swallow, do not try to give me anything by mouth. Please contact: **Emergency Medical Services (911) immediately.**
- If I can swallow, give me 4 to 6 ounces of fruit juice, sweetened soft drink, or other sugar source. If I am not better within 10-15 minutes, contact: **Emergency Medical Services (911) immediately.**

Doctor: _____	Phone: (    ) _____
Nurse Educator: _____	Phone: (    ) _____
Dietitian: _____	Phone: (    ) _____
Pharmacist: _____	Phone: (    ) _____
Eye Doctor: _____	Phone: (    ) _____
Foot Doctor: _____	Phone: (    ) _____
Dentist: _____	Phone: (    ) _____
Emergency Contact: _____	Phone: (    ) _____

**Help others help you by wearing medical identification.**  
**For information, call MedicAlert @ 1-800-763-3429.**

# Diabetes Care Card



Bring this card to each visit with your doctor or diabetes educator. Discuss these issues during your visit and use the chart below to record your results so that you can take charge of your diabetes.

Test/Service (Frequency)	Target	Date	Date	Date	Date
	My Goal				
HbA1c (every 3-6 mo.)	< 7 %				
Review Blood Sugar Records (every visit)					
Blood Pressure (every visit)	< 130/80 mmHg				
Weight (every visit)					
Foot Exam (every visit)					
Lipid Profile (yearly*) LDL	< 100 mg/dl				
HDL	> 40 mg/dl				
Triglycerides	< 150 mg/dl				
Total Cholesterol	< 200 mg/dl				
Microalbuminuria (yearly)					
Dilated Eye Exam (yearly)					
Dental Exam (every 6 mo.)					
Flu Shot (yearly)					
Pneumonia Vaccine (generally once)					
Self-Management Training (initial/ongoing)					

\* Every 2 years if values fall in lower risk levels

**Key to symbols**  
< less than  
> greater than